



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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*COMMONWEALTH of VIRGINIA**Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: June 17, 2003

SUBJECT: **The Georgetown University Long-Term Care Financing Project**

The purpose of the Georgetown University Long-Term Care Financing Project is to promote discussion of policy initiatives to improve long-term care financing that assures access to needed long-term care. The project will pursue analysis designed to stimulate public policy discussion about current long-term care financing and ways to improve it. For more information, and to download copies of their fact sheets and position papers, go to <http://ltc.georgetown.edu/index.html>.

Attachment

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman

DATE: June 10, 2003

SUBJECT: Lewin Group Report on Home and Community Based Services

A recent report prepared by the Lewin Group on "Older Adults Waiver for Home and Community Based Services" can be found on the internet at:
http://www.lewin.com/Lewin_Insight/default.htm. This report focuses on how to improve Maryland's older adult waiver for home and community based services. It presents best practices found in three states, Colorado, Washington, and Wisconsin.

If you have any questions, please call me at (804) 662-9309.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Senior Center Directors

FROM: Carol Cooper Driskill

DATE: June 17, 2003

**SUBJECT: Motivating Clients to Stay Involved in Activity Programs:
Availability of Workshop Handouts**

Our third annual training for Congregate Site Managers and staff was held at Piedmont Geriatric Hospital in April and May 2003. This year's topic was "Motivating Clients to Stay Involved in Activity Programs." Piedmont staff also traveled to an AAA.

This year's workshop included lecture and hands-on activities in arts, crafts and music. Two music therapists presented the music portion, and based on the positive reaction from workshop participants, I strongly encourage you to incorporate music into your programs.

Workshop handouts are too numerous to be included in this electronic Tuesday Mailing, but I will mail them to you if requested. Please contact me at (804)-662-9319 or cdriskill@vdh.state.va.us

We are already planning the fourth annual training workshop for Congregate Site and Senior Center Managers and staff. Since Piedmont Geriatric Hospital offers expert speakers and a central location, we will meet again in Burkeville. Please contact me with any training suggestions at (804) 662-9319 or cdriskill@vdh.state.va.us.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

03-186

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: June 17, 2003

SUBJECT: **NFCSP Television and Radio Spots Are Coming to Virginia**

Note that AoA has released NFCSP Public Service Announcements to Public Service Directors in selected radio and TV stations across the country. Virginia has been heavily targeted. Detailed information about the PSAs and their distribution can be found on AoA's web page:

http://aoa.gov/press/multimed/video/multimed_video_nfcsp.asp for TV and
http://aoa.gov/press/multimed/audio/2003/05_may/nfcsp.asp for radio.

In promoting usage of the spots you can also open doors to outreach for your own program initiatives.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Carol Cooper Driskill

DATE: June 17, 2003

SUBJECT: Recruitment at Congregate Meal Sites

It is my understanding from AAA Nutrition Directors, that recruitment of new seniors for congregate meal sites is a concern. It seems that as seniors leave the site (move away, die, go into a nursing home, etc.) or become too frail to attend, a new participant doesn't always fill their spot. Of course this isn't true for all congregate meal sites and some AAAs do have a waiting list.

Recently a television news interview about seniors and falling was filmed at one of Senior Connection's Friendship Cafes. While most of the piece focused on exercise, the two interviewed participants spoke positively about their experiences attending the Friendship Café. Since programs are offered all over the state, the VDA toll free telephone number was given, resulting in numerous telephone calls and a lot of positive feedback.

I have recommended that marketing congregate meal sites be considered. I think it would be helpful to have focus groups to determine how to best market the sites. What appeals most to prospective seniors and their families - the meal, the socialization, the wellness component, the transportation? Should a name other than "congregate meal site" be used?

A marketing campaign could include public service announcements or interviews by local media outlets. A statewide campaign would have to address the different types of sites, represent ethnic and minority groups, and reflect the different atmospheres.

I need your input about whether we should proceed. Is this a concern for your agency? Have you already addressed the issue? Do you have a waiting list? Should the program be marketed in only certain parts of the state?

Please contact me by email with your thoughts, comments, and concerns. I can be reached at cdriskill@vdh.state.va.us. Thanks.

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: June 17, 2003

**SUBJECT: DEPARTMENT OF DEFENSE MEDICARE WRAPAROUND COVERAGE
– TRICARE FOR LIFE**

Can you help us reach some *of* America's Greatest Generation --older uniformed services* retirees and their family members and survivors -- who don't yet know they are eligible for the Department of Defense's (DoD) comprehensive TRICARE medical and pharmacy benefits?

Recently implemented, *TRICARE For Life* provides wraparound coverage to Medicare, giving our older beneficiaries coverage for benefits that are unparalleled in U.S. health care; yet, some of our eligible beneficiaries continue to be without adequate coverage because they don't know they are entitled to it, and they have not renewed their military identification cards or updated their eligibility information with us.

I think you will agree that this is an important message for older military retirees as it could significantly improve the quality of their lives. The attached news release explains who is eligible and what they need to do.

For more information visit the TRICARE website at DOD Military Health System:
<http://www.tricare.osd.mil/>

* The uniformed services include Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration.

**SUBJECT: DEPARTMENT OF DEFENSE MEDICARE WRAPAROUND COVERAGE
– TRICARE FOR LIFE**

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News Releases

**Are You, Someone You Know,
Eligible for DoD's Medicare Wraparound Coverage?**

**March 22, 2002
No. 02-08**

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Since the implementation last year of expanded pharmacy and medical benefits under TRICARE Senior Pharmacy and TRICARE For Life, many Medicare-eligible uniformed services beneficiaries, age 65 and over, are now enjoying the peace of mind that comes with having a robust health care benefit.

They no longer have to pay expensive supplemental insurance premiums, higher co-payments, or entire prescription charges because the TRICARE For Life program acts as second payer to Medicare, and the pharmacy program provides coverage they don't have from Medicare.

"Beneficiaries have reported savings of \$3,000-4,000 on their prescriptions, alone. With most prescriptions available to them for a \$3 or \$9 co-pay, some can now purchase prescriptions they didn't feel they could afford before. Not only are they saving money, but many are enjoying a better quality of daily living," states Thomas Carrato, Executive Director of TRICARE Management Activity (TMA).

While most of the 1.5 million TRICARE For Life-eligible beneficiaries have been located through extensive outreach communications efforts by TMA, regional lead agents, managed care support contractors, and various beneficiary associations, many still do not know they have this coverage. Their files in the Defense Enrollment Eligibility Reporting System (DEERS) have not been updated, and they have not renewed their military identification (ID) cards. Continued eligibility for military benefits must be established periodically, because certain events (like divorce from a military retiree, or remarriage of a widow) may cause eligibility to end.

As a result, when Medicare "automatically" sent its first 5 million claims to TRICARE for its newly eligible over-65 beneficiaries, it became evident that some of these claims belonged to beneficiaries whose information had not been updated, and whose ID cards were expired. These claims initially were denied by TRICARE, but agency officials have announced that they will pay these claims temporarily, without requiring beneficiaries or providers to resubmit them.

"We will use this opportunity to advise people on their Explanations of Benefits that they must update their information and ID cards. Those who fail to do so will have future TRICARE claims denied," explained Mr. Carrato.

After Aug. 1, 2002, all claims for beneficiaries with expired eligibility will be denied until their eligibility information is updated. During March, DEERS will notify many of the people with outdated information and expired ID cards with a letter.

DEERS also sends an "age-in" letter to newly eligible beneficiaries 90 days before their 65th birthdays, explaining how they can remain eligible for TRICARE benefits.

The best way to verify TRICARE eligibility in DEERS and to obtain a current ID card is to go to an ID card issuing facility. Its personnel can provide information about the documentation that is necessary, its address and hours of operation. If it is not possible for a beneficiary to go to an ID card facility, he or she should call the DoD Reverification line, 1-800-361-2620, for guidance. Information about the nearest ID card facility can be found on the World Wide Web at <http://www.dmdc.osd.mil/rsl>, or by calling TRICARE's toll-free number, 1-888-DOD-LIFE (1-888-363-5433).

COMMONWEALTH of VIRGINIA

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Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Trudy Maske
Program Coordinator

DATE: June 17, 2003

SUBJECT: "Operation Red Flag"

Attached please find this months issue of "Operation Red Flag" consumer protection tips. They have been designed to help older Virginians to recognize the problems existing in our health care system. These sheets contain educational messages and "tips" that will help members of the general public prevent Medicare and Medicaid fraud. Please post these in your centers and give copies to the seniors you serve.

If you have any questions, please contact Trudy Maske Program Coordinator Center for Elder Rights, Virginia Department for the Aging, at (804) 662-7671, or contact VDA at 1-800/552-3402.

Thank you

cc: Janet Riddick
Director, Center for Elder Rights

Operation Red Flag

The federal government's General Accounting Office estimates for every \$10 spent on Medicare, a conservative estimate is that \$1 is either lost to fraud, waste, or abuse. In 1999 this amounted to \$13 billion. Who pays? We all do – because fraud drives up costs and makes your annual deductible and monthly premiums higher than they have to be. We must take responsibility for becoming better health care consumers and win this battle, so that the Medicare and Medicaid programs will be around for future generations. Call or write to the phone number or address at the bottom of the sheet with any suspected health fraud, waste, and abuse.

Be Informed . . . Be Aware . . . Be Involved!

Medicare's Top Ten Fraud Fighting Tips

1. Review your Medicare Statement.
2. Protect your Medicare Number.
3. Don't let anyone convince you to see a doctor for services you don't need.
4. Nothing is ever "FREE".
5. Ask questions. You have a right to know about your medical care.
6. Avoid the "we know how to bill Medicare" scam.
7. Never accept medical supplies from door-to-door salesmen.
8. Don't accept offers of money or gifts for medical care.
9. Never allow television, radio, or advertising to influence your health related decisions.
10. Educate yourself about Medicare.

Clearly state at the beginning of your call or letter that you are filing a fraud complaint. Specify whether it is Medicare or Medicaid. This will help to ensure that your complaint is forwarded properly.

To Report Suspected Medicare or Medicaid Fraud

Call 1-800/552-3402 (Voice/TTY)

Or Write to Address Below



Center for Elder Rights

Consumer Protection Technical Assistance Resource Center

1600 Forest Avenue, Suite 102, Richmond, VA 23229

804/662-9333 (Voice/TTY) Fax: 804/662-9354 www.aging.state.va.us

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: June 17, 2003

SUBJECT: USE OF VOYAGER FUEL CARD FOR POOL VEHICLES

I am sharing the attached memo from Department of General Services regarding using the Voyager Card. This information is applicable to those AAAs who have leased state vehicles from VDA. Please forward a copy to your transportation manager as the memo covers purchasing gas at commercial stations and use of the Voyager card when traveling out-of-state.

TO: ALL TRANSPORTATION OFFICERS
FROM: WILLIAM COLAVITA, FLEET ADMINISTRATOR
DEPARTMENT OF GENERAL SERVICES
SUBJECT: USE OF VOYAGER FUEL CARD FOR POOL VEHICLES
DATE: FEBRUARY 4, 2003

I am receiving more and more questions regarding the appropriate use of the Voyager fuel card. Our Rules and Regulations booklet, Revised 4/02, addresses this issue. It points out that fuel is to be obtained from either the Fleet facility on Leigh Street or at any VDOT facility. The rules further state that fuel, unleaded regular only, may be purchased from commercial stations when it is more practicable due to location or when State facilities are closed.

We do not want to specifically state that fuel MUST be obtained at a State facility nor do we want to allow exclusive fueling at commercial establishments. Ideally we want to obtain fuel for Fleet vehicles at the most economical locations based on several factors. One of the key factors is the cost of fuel. VDOT currently charges us \$1.23/gallon. This equates to a pump price of about \$1.59 (\$1.23 plus tax). In addition to the cost of the fuel we must consider location of the fueling facility. Within reason we should be using the most convenient location. Traveling out of the way to a State facility may save a few pennies, but the savings may be lost in wasted fuel to travel to the location. The last factor should consider lost productive time of the employee based on increased travel time to the fueling site.

Bottom line we want the operators to use common sense. Fuel as if they were paying for the cost of the gas themselves and consider their time being a valuable commodity. Please caution your operators, if they obtain fuel commercially, to obtain regular unleaded, self-serve fuel only. Your agency will be billed 100% for the cost of premium fuel, full-serve fueling and any non-automotive commodities.

The Voyager fuel card can also be used for emergency repairs when traveling out of State or when VDOT facilities are closed. Most VDOT facilities will schedule advance appointments for PM's (preventive maintenance), oil changes, so that you can wait for the service to be performed. I have learned that in some cases it has taken several days to have routine PM's performed at VDOT facilities. If this is causing your operators inconvenience, please give me a call so that we can make other arrangements to have the work performed. There are several "quick lube" facilities that are reasonable in cost and accept the Voyager card. The use of these facilities requires our advance approval in order that the computerized PM system can be updated. Please let me know if you have any questions.

William Colavita, Fleet Administrator

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Faye D. Cates, MSSW, Human Services Program Coordinator

DATE: June 17, 2003

SUBJECT: AARP PUBLIC POLICY PAPER, *BEFORE THE BOOM: TRENDS IN LONG-TERM SUPPORTIVE SERVICES FOR OLDER AMERICANS WITH DISABILITIES*

The AARP Public Policy Institute has issued a paper, *Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities*, which identifies 14 trends related to cohort characteristics, disability rates and services utilization patterns that are changing the environment for long-term supportive services. The implications for our aging information resource system are great. A summary is pasted below. To access the full report go to www.Aginghelp.com/demographics.html#health

This In Brief summarizes the AARP Public Policy Institute issue paper, *Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities*. Much has been made of the aging of the "Baby Boom" and the potential demands they may make on the nation's systems for providing long-term supportive services. However, Boomer-driven demand for long-term supportive services is not likely to increase substantially for at least 20 years and will not crest until after 2030.

The purpose of the report is to examine demographic, socioeconomic, market, and policy trends that have substantially changed the direction of long-term supportive services over the past couple of decades and how these trends are likely to affect demand for such services between now and 2030 when the oldest Baby Boomers turn 85.

SUBJECT: AARP PUBLIC POLICY PAPER, *BEFORE THE BOOM: TRENDS IN LONG-TERM SUPPORTIVE SERVICES FOR OLDER AMERICANS WITH DISABILITIES*

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Summary of Trends

The report identifies 14 trends related to cohort characteristics, disability rates, services utilization patterns, and public policy that are rapidly changing the landscape of long-term supportive services for older persons with disabilities:

Trend #1 - Nursing home utilization rates have declined substantially, especially among persons aged 75 and older.

Trend #2 - Growth in the older population, which was heavily skewed toward the 75 and older age categories in the last decade, will shift to the younger old in the next two decades.

Trend #3 - Disability rates among older persons have declined substantially.

Trend #4 - Socioeconomic improvements have helped reduce disability rates among older persons.

Trend #5 - Medical advances have also played a role in reducing disability rates.

Trend #6 - Socioeconomic improvement is increasing the service options available to older persons with disabilities.

Trend #7 - The narrowing ratio of men to women in old age has contributed to the declining use of institutional care and will likely continue to do so over the next few decades.

Trend #8 - Cohorts of older persons who will reach the high risk years of 75 and older during the next two decades will have more adult children than previous cohorts.

Trend #9 - Utilization trends for long-term supportive services differ substantially among racial/ethnic groups.

Trend #10 - Assisted living has grown substantially over the past decade, though the extent to which it has replaced nursing home services is not well documented.

SUBJECT: AARP PUBLIC POLICY PAPER, *BEFORE THE BOOM: TRENDS IN LONG-TERM SUPPORTIVE SERVICES FOR OLDER AMERICANS WITH DISABILITIES*

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Trend #11 - Home health care utilization grew rapidly then declined precipitously following cuts in Medicare reimbursements in the late 1990s.

Trend #12 - Many nursing homes have responded to the changing long-term supportive service market by becoming increasingly diversified, specialized, and medicalized.

Trend #13 - Medicaid's institutional bias in favor of funding nursing home services is slowly shifting toward increased funding for home and community-based services.

Trend #14 - Increased public and private payments for home and community-based alternatives have combined with Medicare changes to reinforce the increased specialization and medicalization of nursing homes.

Conclusions and Implications for the Future

Projecting utilization patterns for long-term supportive services of future cohorts of older persons is likely to exaggerate potential demand for services and their costs unless cohort differences are taken into account. While predicting the future is an uncertain art, the characteristics of the cohorts who will enter late old age during the next two to three decades "before the boom" suggest that demand for long-term supportive services, especially those offered in institutional settings, will grow very slightly, if at all. Favorable demographic and socioeconomic trends should create a more consumer-driven market that will demand not only higher quality services but also a much higher quality of life.

Public policy will need to adapt to the greater diversity of needs and preferences of older persons with disabilities, so that long-term supportive services that enhance consumer control, autonomy, and dignity are not restricted to those who can afford to pay privately. The next twenty to thirty years offer a window of opportunity to make such changes-before the Boomers enter late old age.

COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill

DATE: June 17, 2003

SUBJECT: “Reminder” for Congregate Site and Senior Center Staff

The attached handout is from a recent training that I provided to Congregate Site Managers. Following the training workshop presented by Piedmont Geriatric Hospital staff, I met with Congregate Site Managers and staff to discuss various topics and answer questions. This discussion focused on reminders taken from the Congregate Nutrition Service Standards.

Please contact me at (804) 662-9319 or cdriskill@vdh.state.va.us with any questions.

Some Reminders!

Material Safety Data Sheets (MSDS)

- MSDS must be readily available on any potentially dangerous chemicals
- Inform about chemicals used in the workplace/site & how to safely use them
- Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container, or transferred to a clearly labeled appropriate container.
- *Mixing antibacterial dish detergent and bleach is dangerous!*

Drinking Water

- Drinking water shall be available & located near participants
- When feasible, water shall be available at each table

Volunteer Meals

- For an individual who provides volunteer services during the meal hours (not a site participant) & receives a congregate meal
- Full legal name & service units (collected at least monthly) must be entered into AIM
- Social Security number is recommended but not required.

Other

- Snacks, partial meals & second helpings cannot be counted as a “meal” for reporting purposes

Emergency Situations

- Written plan that describes procedures to follow if a participant becomes ill or injured
- Explain to staff, volunteers, & participants
- Visibly posted or otherwise readily available
- “911” posted near a telephone, along with the center’s address, is recommended

Fire Safety

- Conduct fire drills at least quarterly, in accordance with local fire marshal recommendations
- Written documentation is required
- During the fire drill, designate & review fire exit routes
- Site manager should be knowledgeable about location & operation of fire extinguishers at site

Program Requirements

Nutrition Education & Food Safety Information

- Provide at least 4 times a year
- Provide food safety information at least once a year – i.e., food handling, reheating, & storage
- Definition: Any set of learning experiences designed to facilitate voluntary adoption of eating & other nutrition-related behaviors conducive to health & well-being
- Document

Disease Prevention & Health Promotion

- Provide at least monthly
- Document

Physical Activity and Exercise

- Voluntary participant-appropriate physical activity
- Offer on a continuing basis - goal of at least weekly & daily as feasible

- Advise participants to discuss the physical activity program with their physician or health care professional

Posted Information (Display Board)

Posted information shall be large enough for participants to read, up to date & organized. The following information shall be accessible to participants & staff:

- Menu
- Activity/program calendar
- Opportunity for a voluntary donation, suggested amount of meal, meal cost for visitors
- Procedure to follow if a participant becomes ill or injured and/or “911” and address
- Removal of food items policy
- Food permit, if applicable
- Cleaning & sanitizing procedures (posted or readily available)

Voluntary Contributions (Older Americans Act)

- Provide each participant with an opportunity to voluntarily contribute towards meal cost
- Clearly inform each participant: there is no obligation to contribute & it’s purely voluntary
- Can’t deny services to individual who doesn’t contribute & can’t charge client for the meal
- Assure that the method of solicitation is non-coercive
- Protect privacy & confidentiality of each client with respect to their contribution or lack of one
- Establish appropriate procedures to safeguard & account for all contributions
- Post a sign large enough to be seen & read about the opportunity to contribute to the cost of the meal, include a suggested amount & the cost of the meal for visitors & guests

Food Handling & Food Safety

- Train all individuals, including volunteers and participants that prepare and/or serve food, in personal hygiene, hand washing, health policies, & safe food handling

Potentially Hazardous Food Items (PHF)

Potentially hazardous food is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting: 1) Rapid & progressive growth of infectious or toxigenic microorganisms; 2) Growth & toxin production of *Clostridium botulinum*; or 3) In raw shell eggs, the growth of *Salmonella enteritidis*.

Potentially hazardous food includes:

- An animal food (a food of animal origin) that is raw or heat-treated
- A food of plant origin that is heat-treated or consists of raw seed sprouts
- Cut melons
- Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified above in this definition.

In addition, any food that consists in whole or in part of:

- Milk or milk products;
- Shell eggs;
- Beef, poultry, pork, lamb, fish, & shellfish;
- Tofu;
- Soy protein foods;
- Cooked rice, beans, potatoes (baked or boiled), or other heat-treated plant foods

Temperature Requirements

- Potentially hazardous hot food items - maintain at or above 140 degrees Fahrenheit (F)
- Potentially hazardous cold food - maintain at or below 41 degrees F
- Fruits & vegetables cooked for hot holding – maintain at or above of 140 degrees F
- Frozen foods – maintain frozen
- If food temperatures are found to be in the temperature danger zone (41 – 140 degrees F) for two or more hours – Throw out the food (Two Hour Rule)

Food Requirements (Food Regulations, Dept of Health, VA Administrative Code)

All foods, whether purchased by or donated to the program, must meet the following criteria:

- Food shall be obtained from sources that comply with law
- Meet or exceed all applicable federal, state & local laws, ordinances, & regulations
- Safe & unadulterated
- Food in hermetically sealed container – obtain from regulated food processing plant
- If served, hot dogs, luncheon meat, & soft cheeses (feta, Brie, Camembert, Blue veined, Mexican style) must meet temperature requirements
- Pasteurized shell, liquid, frozen, or dry eggs or products shall be substituted for raw shell eggs in preparation of foods such as Caesar salad, hollandaise or béarnaise sauce, mayonnaise, egg-fortified beverages & for recipes in which more than one egg is broken & eggs are combined

Prohibited Foods (Food Regulations, Dept of Health, VA Administrative Code)

The following foods must not be used:

- Prepackaged un-pasteurized juice (including un-pasteurized apple cider)
- Raw animal foods – i.e., raw fish, raw-marinated fish, raw molluscan shellfish, & steak tartare
- Partially cooked food such as lightly cooked fish, rare meat, soft-cooked eggs made from raw shell eggs, & meringue
- Raw seed sprouts (including alfalfa, clover & radish)
- Home-canned foods
- Any foods prohibited by VA Dept. of Health Food Regulations or The Food Code

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: June 17, 2003

SUBJECT: National Family Caregivers Support Program Workshop

A workshop titled **Collaborative Strategies for Assisting Aging Family Caregivers & Aging Individuals with Developmental Disabilities** is scheduled for Friday, July 11, 2003, at the Lord Fairfax Community College. An agenda and registration material are attached.

This workshop is sponsored by *The Arc of the United States*, the *Arc of Northern Shenandoah Valley*, and the *Aging Family Caregiver Support Project*.

The workshop will discuss AoA's National Family Caregivers Support Program and offer an opportunity to explore the issues, study what has worked, and learn about new opportunities presented by the NFCSP. Participants will be encouraged to develop local strategies and services that can be provided to help caregivers. By the end of the day participants will possess new resources, new strategies, and new partners in addressing the needs of aging families.

Attachment

A Statewide National Family Caregivers Support Program (NFCSP) Conference for Aging and
Developmental Disabilities Professionals

Developing
COLLABORATIVE STRATEGIES
For Assisting
Aging Family Caregivers
& Aging Individuals
with Developmental Disabilities

Friday, July 11, 2003

9:00 a.m. - 4:30 p.m.

LORD FAIRFAX COMMUNITY COLLEGE Special Events Cntr.
173 Skirmisher Lane
Middletown, Virginia

The Arc of the United States
The Arc of Northern Shenandoah Valley
and the Aging Family Caregiver Support Project

In 2000, Congress created a new caregiver support component to the Older Americans Act called The National Family Caregiver Support Program (NFCSP). The NFCSP is designed to help family members provide care for their aging relatives at home and to aid older parents who are the primary carers of persons with developmental disabilities. The NFCSP also supports grandparents raising grandchildren with intellectual and developmental disabilities.

The NFCSP calls for each state, working in partnership with its area agencies on aging and local community service providers, to provide supports for family caregivers.

The most effective supports are those that fully reflect the complexity of a family or individual's situation. Professionals in the aging and developmental disabilities fields have been successfully collaborating on behalf of people with development disabilities for a number of years. The NFCSP offers the opportunity for further collaboration to help aging individuals with developmental disabilities and their caregivers better access services.

The workshop also offers an opportunity to explore the issues, study what has worked, and learn about new opportunities presented by the NFCSP. Participants will be supported in developing local strategies and services that can be provided to help parent caregivers. It is very important, therefore, to ensure that your area is well represented at the conference!!

By the end of the day participants will possess new resources, new strategies, and new partners in addressing the needs of aging families.

Agenda

8:30 Registration

9:00 Introductions and Welcome

**9:30 Overview of Developmental
Disabilities and Aging Systems**

- Demographic and population issues
- Aging concerns affecting families
- Service structures for families and carers

10:30 Networking/Break

10:45 Overview of NFCSP

- Concerns of families, grandparents and other carers.
- Virginia's implementation of NFCSP

12:00 - 12:45 Lunch and Video Preview

12:45: Supports for Families and People with Developmental Disabilities

- Financial supports, legal issues
- Using Medicaid & other resources
- The aging network and NFCSP
- Building coalitions & networks

2:15 Networking/Break

2:30 Accessing Local Resources

VA Coalition for Aging & DD

3:30 Local County Network Building

4:15 Wrap-up and Adjourn

Financial support for this workshop was provided by the Administration on Aging through a grant to The Arc/USA

The Arc of Northern Shenandoah Valley and
The Arc of the United States
present ***Matthew P. Janicki, Ph.D.***
and ***DiAnn Davies Baxley, M.A.R.***

About The Speakers

DiAnn Davies Baxley, BSc., M.A.R., Center for Intellectual Disabilities, University at Albany, is one of the core faculty for the NFCSP grant through The Arc of the United States, and Training Coordinator for the Center on Intellectual Disabilities at the University. She is the project protocol administrator on a research project focusing on care issues for persons with developmental disabilities and Alzheimer's living in group homes through the University at Albany and University of Illinois at Chicago.

She is a frequent presenter at state, national and international conferences and has authored technical articles, policy guidelines, brochures, and training manuals dealing with various topics on lifelong supports for individuals with disabilities.

Matthew P. Janicki, Ph.D. is research associate professor of human development at the Institute of Disability and Human Development at the University of Illinois at Chicago, and serves as director for technical assistance for the Rehabilitation Research and Training Center in Aging with Mental Retardation at the University. He is also research professor and co-director for the Center on Intellectual Disabilities at the University at Albany (New York). Formerly, he was director for aging and special populations for the New York State Office of Mental Retardation and Developmental Disabilities.

Dr. Janicki was a Joseph P. Kennedy, Jr. Foundation Public Policy Leadership Fellow. He is the author of numerous books and articles in the area of aging, dementia, public policy, and rehabilitation with regard to people with intellectual and developmental disabilities and has lectured and provided training on aging and intellectual disabilities across the world. Dr. Janicki is the past-chair of the United States International Council on Mental Retardation and Developmental Disabilities. He is the chair of the aging special interest research group, International Association for the Scientific Study of Intellectual Disabilities. (IASSIDI).

Directions to Conference:

from Points North (Martinsburg, WV). Proceed South on I-81. Bear right on ramp at sign reading "Exit 302 VA-627 to Middletown" Southwest. Follow signs to Lord Fairfax Community College.

From Points South (Richmond, VA): Proceed North on I-95. Continue on I-395, Henry G. Shirley Memorial Hwy. Continue on ramp at sign reading "Exit 170B i_495 North to Rockville. Continue on I-495, I-495 Inner Loop, Capital Beltway and go North. Continue on ramp at sign reading "Exit 9A I-66 West to Vienna/Front Royal. Bear right on I-66 and go West. Bear right on ramp at sign reading "Exit 1B I-81 North to Winchester." Continue on I-81 Northeast. Bear right on ramp at sign reading "Exit 302 VA-627 to Middletown" Northeast. Follow signs.

From Points East (Washington D.C.) Proceed on I-395 Southwest. Bear right on ramp at sign reading "Exit 1C I-495 to Rockville" West. Continue on I-495, I-495 Inner Loop, Capital Beltway North. Continue as above (from Richmond).

From Points West: Proceed on US-50 East. turn right on ramp at sign reading "US-11 South/Roanoke" South. Bear right on VA-37. Turn right on ramp at sign reading "I-81 South to Roanoke" South. Bear right on I-81 southwest. Bear right on ramp at sign reading "Exit 302 VA-627 to Middletown" Southwest. Follow signs to Lord Fairfax Com.Col.

Registration fee for the Conference is \$15.00

Please mail check and registration information to: The Arc of Northern Shenandoah Valley, P.O. Box 3263, Winchester, VA 22604 - *Registration will end July 3rd or when the number of attendees reaches 250. Please register early.* Call 540-665-0461 if you need additional information

Conference Registration Form

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